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(Depositor's name			
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(Date			
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/501,344	01/26/2005	Dominique Swinnen	255452US0PCT	6094

TITLE OF INVENTION: SUBSTITUTED METHYLENE AMIDE DERIVATIVES AS MODULATORS OF PROTEIN TYROSINE PHOSPHATASES(PTPS)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/07/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
MABRY	Y, JOHN	1625	546-229000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attornively, c firm (having as a memb igent) and the names of u rneys or agents. If no names of a gents or agents.	era 2 McClel	Spivak, land, Maier tadt, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

Typed or printed name

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LABORATOIRES SERONO SA

Coinsins, SWITZERLAND

Registration No.

Please check the appropriate assignee category or categories (will not b	e printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies	 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☑ Payment by credit card. Transmitted via EFS-Web. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).
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Authorized Signature Typed or printed name Paul J. Killos	Date Registration No. 58,014

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